	MENT OF HEALTH	AND HUI SERVICES & MEDICAID SERVICES	45-	2127/10		01/15/2010 APPROVED
		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLI	E CONSTRUCTION 01 - MAIN BUILDING 01	(X3) DATE SU COMPLE	IRVEY
		445343	B. WING		01/12	2/2010
	ROVIDER OR SUPPLIER  AT SOUTH PITTSBUI	RG, THE	201	ET ADDRESS, CITY, STATE, ZIP CODE EAST 10TH STREET UTH PITTSBURG, TN 37380		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC (DENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
K 018 SS=E	Doors protecting corequired enclosures hazardous areas are those constructed of wood, or capable of minutes. Doors in strequired to resist the no impediment to the are provided with a the door closed. Do are permitted.	FPA 101 LIFE SAFETY CODE STANDARD  fors protecting corridor openings in other than quired enclosures of vertical openings, exits, or zardous areas are substantial doors, such as ose constructed of 1¾ inch solid-bonded core od, or capable of resisting fire for at least 20 nutes. Doors in sprinklered buildings are only quired to resist the passage of smoke. There is impediment to the closing of the doors. Doors a provided with a means suitable for keeping a door closed. Dutch doors meeting 19.3.6.3.6 a permitted. 19.3.6.3  Aller latches are prohibited by CMS regulations all health care facilities.		K 018 NFPA 101 LIFE SAFETY STANDARD  Doors protecting corridor openings required enclosures of vertical open hazardous areas are substantial door those constructed of 1 ½ inch solid wood, or capable of resisting fire forminutes. Doors in sprinklered build required to resist the passage of sm impediment to the closing of the doprovided with a means suitable for doors closed. Dutch doors meeting permitted. 12.3.6.3  Roller latches are prohibited by CN in all health care facilities.  Hall 2 nurses station door was propegs. The pegs were removed imm the door to allow it to close.  All residents have the potential to be deficient practice.	openings in other than ical openings, exits, or natial doors, such as ach solid-bonded coreing fire for at least 20 red buildings are only ge of smoke. There is not the doors. Doors are able for keeping the meeting 19.6.6.3.6 are add by CMS regulations was propped open with red immediately from the control of the core in the cor	
	Based on observation facility failed to main.  The findings include During the facility to deficiencies were not maintenance staff.  At 8:28 AM, observation revealed the door was being held.	our on 1/12/10 the following oted and verified by the ation of the station 2 nurses' office door and the pantry topen with pegs. National Fire		Maintenance will in-service staff re safety related to doors being proppe charge nurse will check doors during maintain compliance. Maintenance doors throughout the weekday while Maintenance will create an audit to findings in morning meeting to dep Concerns or issues will be identified and monitored in QA.	ed open. The ng each shift to will check le on duty. of and report partment heads	
K 047		on (NFPA). 101, 7.2.1.8.1 FETY CODE STANDARD	K 047			

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

TITLE

Event ID; ZTTU21 Facility ID: TN5801 If continuation sheet Page 1 of 4

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

FORM CMS-2567(02-99) Previous Versions Obsolete

## DEPARTMENT OF HEALTH AND HUNN SERVICES CENTERS FOR MEDICARE & MEDICARD SERVICES

PRINTED: 01/15/2010 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	Γ΄΄	(X2) MULTIPLE CONSTRUCTION  A. BUILDING 01 - MAIN BUILDING 01		(X3) DATE SURVEY COMPLETED		
	-	445343	B. WIN	G		01/12	2/2010	
NAME OF PROVIDER OR SUPPLIER  BRIDGE AT SOUTH PITTSBURG, THE			STREET ADDRESS, CITY, STATE, ZIP CODE  201 EAST 10TH STREET  SOUTH PITTSBURG, TN 37380					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ACTION SHOULD BE TO THE APPROPRIATE		
K 047 SS=D	Exit and directional signs are displayed in accordance with section 7.10 with continuous illumination also served by the emergency lighting system. 19.2.10.1  This STANDARD is not met as evidenced by: Based on observation, it was determined the facility failed to maintain exit signs.  The finding included:  During the facility tour on 1/12/10 the following deficiencies were noted and verified by the maintenance staff.  At 8:15 AM, observation of the corridor by room 101 revealed the exit light was out. National Fire Protection Association (NFPA). 101, 7.10.5.1  NFPA 101 LIFE SAFETY CODE STANDARD		ΚO	147	K047 NFPA 101 Life safety code s  Exit and directional signs are display accordance with section 7.10 with e illumination also served by the emersystem. 19.2.10.1	yed in ontinuous	1-12-10	
K 062 SS=D			ΚO	962	Exit light on 100 hall had one bulb of two not illuminating. Blown bulb was immediately replaced when identified.  All residents have the potential to be affected. Ex lights are checked throughout the weekday by maintenance.  Maintenance to in-service staff related to notifyin plant ops director when exit sign not illuminating Staff to place in maintenance log when issue identified. Plant ops director will check signs throughout the weekday.  Maintenance to report any problems or concerns administrative team during morning meeting. Maintenance to turn in preventative maintenance audit tool to the administrator monthly to identify concerns or issues. QA monthly.  K062 NFPA 101 Life safety code standard  Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5  Cart was stored in the kitchen cooler within the 18 inch rule of the sprinkler system. Plant ops immediately removed the cart and adjusted the height to fit in the cooler appropriately.		J-12-10	

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Event ID:ZTTU21

Facility ID: TN5801

If continuation sheet Page 2 of 4



OFIAI FIL	O I ON MILDICANE	A MEDICAID SERVICES				ONB NO.	0938-0391	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROV' 'SUPPLIER/CLIA IDENT. TION NUMBER:  445343			1	(X2) MULTIPLE CONSTRU N A. BUILDING 01 - MAIN BUILDING 01		(X3) DATE SURVEY COMPLETED		
		B, WIN	IG		01/12	2/2010		
NAME OF PROVIDER OR SUPPLIER  BRIDGE AT SOUTH PITTSBURG, THE			STREET ADDRESS, CITY, STATE, ZIP CODE  201 EAST 10TH STREET  SOUTH PITTSBURG, TN 37380					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIAT DEFICIENCY)		ULD BE	(X5) COMPLETION DATE		
K 062 K 067 SS=D	Continued From page 2 deficiencies were noted and verified by the maintenance staff.  At 9:00 AM, observation of the kitchen revealed a cart was stored with-in the 18-inch rule of the sprinkler head in the cooler. National Fire protection Association (NFPA). 13, 5.5.6.  NFPA 101 LIFE SAFETY CODE STANDARD  Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturer's specifications. 19.5.2.1, 9.2, NFPA 90A, 19.5.2.2		K 062		All facility residents have the potent affected.  All storage areas within the facility oby plant ops director weekly times for then monthly thereafter to ensure iterstored within 18 inches of the ceiling. The plants ops director will report for administrative team throughout the odeficient practice will be addressed a made immediately and reported in Q K067 NFPA 101 LIFE SAFETY C STANDARD	will be audited our weeks and ms are not		
K 147 SS=D	Based on observatifacility failed to main the findings included During the facility to deficiencies were maintenance staff.  At 9:00 AM, observation door closure on Protection Association NFPA 101 LIFE SA Electrical wiring and with NFPA 70, National Control of the protection of the	s not met as evidenced by: ion, it was determined the intain the HVAC system.  ed: our on 1/12/10 the following oted and verified by the  ation of the kitchen revealed the mop closet. National Fire ion (NFPA). 101, 19.5.2.1 FETY CODE STANDARD  d equipment is in accordance ional Electrical Code. 9.1.2	K ·	147	Heating, ventilating, and air condition with the provisions of section 9.2 and in accordance with the manufacturer specifications. 19.5.2.1, 9.2, NFPA of the door closure on the mop closet it was not present. Plant ops will install closure on the mop closet in the kitch All residents have the potential to be Plant ops and environmental services all door closures for proper closure we four weeks and then monthly thereaf. The plants ops director will report fir administrative team throughout the wedeficient practice will be addressed a made immediately and reported in Q	d are installed 's 90A, 19.5.2.2 In the kitchen I the door nen.  affected. s will inspect weekly times iter.  addings to the week. Any and corrections	1-26-10	

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Event ID: ZTTU21

Facility ID: TN5801

If continuation sheet Page 3 of 4

## DEPARTMENT OF HEALTH AND HU 1 SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/15/2010 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A BUILDING 01 - MAIN BUILDING 01		E CONSTRUCTION  01 - MAIN BUILDING 01	(X3) DATE SURVEY COMPLETED	
		445343	B. WI			01/12	2/2010
(X4) ID PREFIX TAG	AT SOUTH PITTSBURG, THE  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 3 Based on observation, it was determined the facility failed to maintain the electrical system.		ID PREF TAG	STREE 201 SO	ET ADDRESS, CITY, STATE, ZIP CODE  EAST 10TH STREET  UTH PITTSBURG, TN 37380  PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)  K147 NFPA 101 Life safety code  Electrical wiring and equipment is with NFPA 70, National Electrical	ITION JULD BE ROPRIATE standard in accordance	COMPLETION DATE
	deficiencies were maintenance staff At 8:27 AM, obser room 118 revealed Fire Protection As At 8:45 AM, obser room revealed the	tour on 1/12/10 the following noted and verified by the			On 100 hall in the shower room a becover was revealed. The plant opsolimmediately replaced the light fixtupanel was blocked in station 2 dinitions removed resident from area.  All resident have the potential to be ops replaced lighting and removed panel.  Maintenance director will in-servic reporting process for maintenance is keeping area clear. Staff will place concerns in maintenance log at nurs Maintenance logs are checked throuweckday by the plant ops director. placed at electrical panels.  The plants ops director will report is administrative team throughout the deficient practice will be addressed made immediately and reported in the service of the se	director  ire. Electrical ing room. Plant  e affected. Plant resident from  e staff related to ssues and environmental ses station. lighout the Signage to be  findings to the week. Any and correction	o